Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12/30/2013	Address:	CR 850 W CR 100 S	
Incident #:	13ISPC012574		Kewanna, IN 46939	
County :	Fulton(25)			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: <u>N/A</u>	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) One Pot or Birch Reaction(s): N/A				
Red Phosphorous/Iodine Reaction(s): <u>N/A</u>				
Hydrochloric Acid Gas Generator(s): <u>Ditch</u>				
Flammable Solvents: <u>N/A</u>				
Water Reactive Metal (Lithium): <u>N/A</u>				
Anhydrous Ammonia: <u>N/A</u>				
Corrosive Acid: N/A				
Corrosive Base: <u>N/A</u>				
\square Other (item and location): $\underline{N/A}$				
Vehicle Information:				
Owner: VIN: Year:	N/A N/A N/A	Make: Model:	N/A N/A	
Child under age 18 discovered (check appropriate) Yes N/A (number present) No Children not present but evidence they reside or visit often		unclear Estimated l occurring: 1	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: N/A Additional Information: N/A	
This report	has been faxed* or emailed to the fo	llowing agencies t	hat serve the location:	
Fire Departm Health Depar	ent City, Township or County <u>Roches</u> tment County: <u>Fulton County</u> of Child Services Hotline: <u>dcshotlinere</u>	ter Fire Dept.	Fax: Fire@Rochester.IN.US sshepherdfchd@rtcol.com	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Weston Shanks</u> Phone <u>765-473-6666</u>				

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.